

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Human Rights Campaign		3. FEC Identification Number C C90012626
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1640 Rhode Island Ave NW		
(c) City, State and ZIP Code Washington DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☐ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

MM / DD / YYYY
04 / 01 / 2012
THROUGH
MM / DD / YYYY
06 / 30 / 2012

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

19221.56

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

James Rinefield

James Rinefield

07/11/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 5
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NAME OF FILER (In Full)

Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee Human Rights Campaign		Date MM / DD / YYYY 04 / 10 / 2012	
Mailing Address 1640 Rhode Island Ave NW		Amount 25.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D467680
Purpose of Expenditure Website Staff Time	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Richard J Santorum		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2011.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee API		Date MM / DD / YYYY 05 / 10 / 2012	
Mailing Address 4471 Nicole Dr		Amount 14693.10	
City Lanham	State MD	Zip Code 20706	Transaction ID : D467668
Purpose of Expenditure T-Shirts	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19565.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee API		Date MM / DD / YYYY 05 / 10 / 2012	
Mailing Address 4471 Nicole Dr		Amount 33.44	
City Lanham	State MD	Zip Code 20706	Transaction ID : D467671
Purpose of Expenditure T-Shirts	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19565.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		14751.54	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 5
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NAME OF FILER (In Full)

Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee API		Date MM / DD / YYYY 05 / 10 / 2012	
Mailing Address 4471 Nicole Dr		Amount 195.00	
City Lanham	State MD	Zip Code 20706	Transaction ID : D467698
Purpose of Expenditure Wristbands	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19565.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee API		Date MM / DD / YYYY 06 / 07 / 2012	
Mailing Address 4471 Nicole Dr		Amount 130.00	
City Lanham	State MD	Zip Code 20706	Transaction ID : D471662
Purpose of Expenditure Wristbands	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19565.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee API		Date MM / DD / YYYY 06 / 22 / 2012	
Mailing Address 4471 Nicole Dr		Amount 3970.02	
City Lanham	State MD	Zip Code 20706	Transaction ID : D471663
Purpose of Expenditure T-Shirts	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 19565.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4295.02
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 5
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NAME OF FILER (In Full)

Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee Human Rights Campaign		Date MM / DD / YYYY 05 / 01 / 2012	
Mailing Address 1640 Rhode Island Ave NW		Amount 25.00	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Email Staff Time		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26886.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Human Rights Campaign		Date MM / DD / YYYY 05 / 10 / 2012	
Mailing Address 1640 Rhode Island Ave NW		Amount 25.00	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Email Staff Time		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26886.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Human Rights Campaign		Date MM / DD / YYYY 05 / 14 / 2012	
Mailing Address 1640 Rhode Island Ave NW		Amount 75.00	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Email Staff Time		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26886.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures 125.00			
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 5
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NAME OF FILER (In Full)

Human Rights Campaign

Full Name (Last, First, Middle Initial) of Payee Human Rights Campaign		Date MM / DD / YYYY 06 / 28 / 2012	
Mailing Address 1640 Rhode Island Ave NW		Amount 25.00	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Website Staff Time		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 26886.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Human Rights Campaign		Date MM / DD / YYYY 06 / 04 / 2012	
Mailing Address 1640 Rhode Island Ave NW		Amount 25.00	
City Washington	State DC	Zip Code 20036	
Purpose of Expenditure Email Staff Time		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: Julia Brownley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures 50.00			
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures 19221.56 (carry total from last page forward to Line 7)			